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	r form 1449/PTO			Application Number	10/561,752
l II	NFORMATION	DISCLOSU	IRE	Filing Date	January 26, 2006
STATEMENT BY APPLICANT				First Named Inventor	Anthony Bruce Pike
_	(Use as many she			Art Unit	4153
(OSC III MILLY SINCEIS III TRACESSILLY)				Examiner Name	Keri Jessica Nicholson
Sheet	1	of	2	Attorney Docket Number	16-978P/US

			U.S. PATENT DO	CUMENTS	
Examiner Initials	Cite No.1	Document Number Number-Kind Code 2 (#	Publication Date MM-DD-YYYY	Name Of Patentee Or Applicant Of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
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		Country Code-Number-Kind Code (If Known)				
EP0900092 A2		12-29-1999	Siewert	·		
EXAMINER SIGNATURE /Keri Nicholson/			DATE			

EXAMINE! Initial if inference considered, whether or not childron is in conformance with MEPE 989. Draw like through childron if not in conformance and not considered, include copy of this form with next communication to applicant. Applicant's urispase undisin designation number optional, 25 ex Refine Colored 1819. A Ford Applicant's urispase undisin designation number optional, 26 ex Refine Colored 1819. A Ford Applicant is a www.uspix oper or MIPEP 901.04, 5 Enter Office that issued the document, by the two eleter code (WIPE) Standard ST 3,4 Ford Apparese patient document, shirld of document, Shirld of document by the appropriate symbols as including symbols as including its employed in the community of the propriety of the Composition of the